

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 4665 / 11366

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Xiaowen Ma

Mailing Address 8106 Chainfire Cove

City

Austin

State

TX

Zip Code

78729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self - EmployedOccupation
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Transaction ID: C7219615

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Carol Maas

Mailing Address 24729 S Golfview Dr.

City

Sun Lakes

State

AZ

Zip Code

85248

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthcareOccupation
Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	0

Transaction ID: C7193235

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Carol Maas

Mailing Address 24729 S Golfview Dr.

City

Sun Lakes

State

AZ

Zip Code

85248

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthcareOccupation
Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: C7222268

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)